

has also mentioned cases which he says were cured without any shortening of the limb, where this symptom was present; and it is not denied by any writer that it may occasionally occur. The second case was in like manner mistaken, and the third was supposed to be a dislocation, from the appearances which the subject presented, though the crepitus rendered this doubtful. The limb was slightly shortened, and the toes turned downwards and inwards, and the limb could not be drawn into its natural position. It would probably have been different had the patient been alive, for this immobility in all probability arose from rigidity of the muscles occurring after death.

That combination of symptoms which indicates fractures of the edge of the acetabulum with displacement of the femur, of which all are not present either in fracture of the neck of the femur, or dislocation of the femur on the dorsum of the ilium or ischiatic notch, is the following:

The limb of the injured side assumes the position of one of the two dislocations mentioned. There is a crepitus previous to extension being made. The reduction of the limb to its natural position is easy, but there is difficulty in retaining it there. If firm pressure is applied over the buttock after extension has been made, no crepitus is observed. There is less flattening of the buttock than in dislocation. There is increased mobility of the limb after extension, and the pain experienced on rotation of the limb being made after reduction, is less than it was before that. They differ from dislocations without fracture of the acetabulum, therefore, in the presence of crepitus—in the facility of reduction and the immediate return of the femur to its unnatural position, when left to the uninterrupted action of its own muscles. They differ from fracture of the neck of the femur, in the position of the limb, the toes being turned inwards, and in the presence of crepitus before extension has been made.

Dr. M'T. is of opinion that in some of those cases of reported cure of fracture of the neck of the femur within the capsule, where no autopsy was obtained, and especially such as presented amongst the symptoms the toes turned inwards, there was probably fracture of the edge of the acetabulum, while the femur was entire.

50. *Case of Fracture of the Neck of the Femur terminating in Suppuration.*—The following case related by Dr. M'TRER, in a recent number of the *Glasgow Medical Journal*, (Feb. 1831,) is interesting, as showing that fractures implicating the hip joint, occasionally terminate in suppuration. It is also remarkable for the little uneasiness experienced after the accident, in which circumstance it resembles a case given in the fourth volume of the *Memoirs of the Academy of Surgery*, in which the patient walked home after the fall, and even got up the next morning. A weak emaciated woman, aged fifty-six, was sent to the Glasgow Royal Infirmary as a case of erysipelas of the thigh, and two days afterwards was remitted from the physicians to the surgeons' ward, when she presented the following appearances. There was considerable redness and swelling of the left thigh, and the foot and leg had an oedematous appearance, pitting distinctly on pressure. The red part of thigh had a defined margin three inches above the patella, and beneath that the skin was of its natural colour. On the outer part of thigh, and over the upper part of sartorius muscle, there was a prominence in the swelling, which had a distinct fluctuating feel, and the skin covering it had a yellow tinge. She experienced severe pain over the whole thigh; no crepitus could be felt in the limited motion and extension which she could submit to; an accurate comparison of the length of the limbs could not be made. She complained of pain in her hypochondrium, general debility, and want of appetite. Pulse 120, very feeble.

The swelling of the thigh had appeared three days previous to her admission into the hospital, and was preceded by rigors. It appeared that three months before, she had fallen on the left side, and that from that time she had had a slight halt in walking; but the injury had not confined her from her usual occupations. A puncture was made at the fluctuating part, a large quantity of puru-

lent matter was discharged, and for a few days she felt easier; the discharge, however, continued very copious, and she gradually became weaker, till she died on the 31st May, eleven days after admission into the Infirmary.

On inspecting the body, the head of the femur was found to be fractured within the capsule; and the abscess, which was situated in the thigh, communicated through the lacerated capsular ligament with the hip-joint.

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#### MIDWIFERY.

51. *Follicular origin of some Vaginal Tumours.*—It has been shown by Sir Astley Cooper, that some encysted tumours consist in enlargement of cutaneous follicles; and it has been at least rendered probable by Mr. HEMING, that some of those tumours, which are known occasionally to occupy the pelvis and obstruct parturition, have a similar origin. In a communication in the *Edinburgh Medical and Surgical Journal* for January last, Mr. Heming states that he has carefully examined the bodies of two women in whom he found tumours of this description projecting into the vagina; in one there were two of these tumours, in the other there was a single one as large as an egg. On a minute examination of their internal structure, it was evident that they consisted of obstructed *lucunæ*, which had thereby become dilated into a cyst, and distended by a gelatinous fluid; a continuation of the mucous membrane of the vagina into the tumour, and a reflection of this membrane forming the lining to the latter, could be traced distinctly in the smallest tumour.

The tumour in the following case, related by Mr. H. he is satisfied was of the same nature. "Mrs. Hollingsworth came to me in April, 1822, with a tumour in the vagina, which a surgeon whom she had previously consulted told her was *prolapsus uteri*. I found an oval tumour situate between the *vagina* and the *rectum*, its attachments to either of these parts were so loose, that I could, by putting my finger beyond it, hook nearly the whole of it out of the vagina. It could not be *prolapsus*, for the neck of the uterus could be felt above it in its natural situation; and the same circumstance, together with the absence of the symptoms of pregnancy, proved that it could not be retroversion of the uterus. As the tumour, from its situation and bulk, was very inconvenient, the patient wished to have it removed; but before doing it, I advised her to consult Mr. Vincent, who agreed with me in thinking that this might be done with safety. I therefore proceeded to perform the operation. On cutting into the tumour, I found that it consisted of a cyst containing a considerable quantity of glairy fluid. This was evacuated, the cyst was left in its situation, and the patient was well in a few days. Three months elapsed, at the end of which time the patient came to me again, stating that the tumour had returned; that it was considerably larger than the first time she applied to me; and that she wished I could remove it entirely. This I did by simply dissecting it out. The operation was attended with very considerable hemorrhage, which, however, was stopped by plugging the vagina with lint, and in three weeks she was quite well."

The great point is the diagnosis. This may be distinctly established by carefully tracing the origin of the tumour. The conduct of the practitioner may then be both prompt and confident. A free incision at the period of parturition, and excision at any other time, will safely relieve or cure the patient."

52. *Case of Pregnancy.*—The following is exceedingly interesting as showing the necessity of taking pains in all cases to make a careful diagnosis, and also as confirming the value of the stethoscope as a means of detecting pregnancy. We derive this case from a clinical lecture delivered by Dr. ELLIOTSON, at St. Thomas's Hospital, and which is published in the *London Medical Gazette*, for February last.

"When I came to the hospital on Thursday, I found one of my beds appro-